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MA A D D	IACHNOLOGY CONTACT 24 OFFICE AND Trademark Office: U.S. DEPARTMENT OF COMMERCE				
FRANCE TRADE	PETITION FOR EXTEN				Docket Number (Optional) PRPL3012
		re Application of	Wu et al.		
	· A	pplication Number	09/738,455	Filed	Dec 13, 2000
	For SYSTEM AND METHODS FOR FLEXIBLE, CONTROLLED ACCESS TO SECURE REPOSITORY SERVER STORED INFORMATION				
٦.	G	roup Art Unit 213	7	Examiner	Norris, T. M.
	This is a request under the provisions of 37 CFR 1.136(a) to extend the reply in the above identified application. The requested extension and appropriate non-small-entity fee are as (check time period desired):				
	One month	(37 CFR 1.17(a)(1))		\$	
	Two month	s (37 CFR 1.17(a)(2))		\$	
	Three months (37 CFR 1.17(a)(3))			\$	950.00
	Four months (37 CFR 1.17(a)(4))			\$	
	Five months (37 CFR 1.17(a)(5))			\$	
	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is redubly one-half, and the resulting fee is: \$ X A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached.				
•					
-	X The Commissione	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.			
	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0890</u> . I have enclosed a duplicate copy of this sheet.				
	I am the applicant/inventor				
~		assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SP/96).			
	X attorney or agent of record. Registration number: 30,320.				
	attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): 30,320.				
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO -2038.				
	November 3, 2 Date	004	Level 5	ignature	ovenly
11/10/2004 M	HMED1 00000028 500890 09738	455	Carald	R Pass-k-	
02 FC:1253	30.00 DA 950.00 DP			B. Rosenbe ped Name	<u> </u>
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
	1 Total of1 forms are submitted.				